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RESULTS OF KIDNEY RESEARCH OF PATIENTS WITH VISCEROPTOSIS

ABSTRACT

The article presents the results of research and analysis. According to the results of a comprehensive survey in the visceroptosis patients in 24.8% of them nephroptosis of varying degrees was diagnosed. Diagnostic studies included an objective examination, renal ultrasonography, excretory urography and urinalysis data. The features of the nephroptosis diagnosis in visceroptosis patients, the relationship of renal ptosis with omission of the colon are sshown.

Keywords: nephroptosis, colonnephroptosis, visceroptosis, excretory urography, pyelonephritis, chronic colonic stasis.

INTRODUCTION

The urgency of the problem of Nephroptosis treating underlines the high incidence of this disease and mostly the young and able-bodied persons. According to contemporary authors nephroptosis is 2.65% among urological patients [1].

The question is whether nephroptosis distinct disease or visceroptosis part still is not been resolved. The lack of a common view on the etiology, pathogenesis Nephroptosis led to the problem of treatment. Conservative treatment Nephroptosis, unfortunately, proved to be ineffective. All this testifies to the great social and economic significance of this problem.

MATERIALS AND METHODS

Kidney Research was conducted in 387 (71.7%) patients with visceroptosis. Changes identified based on physical examination, renal ultrasonography, excretory urography and urinalysis data (Table 1).

The table above shows that nephroptosis identified by us in 96 (24.8%) patients examined, including the right-hand - in 41 (10.6%), left-handed - in 2 (0.5%), two-way - 53 (13. 7%) patients. It should be noted that 49 (51%) of 96 patients with kidney nephroptosis mobility was detected initially and then investigated the gastrointestinal tract and thus all patients diagnosed visceroptosis in various embodiments. In all 96 cases nephroptosis combined with the omission of the colon, and the left-sided nephroptosis - only the left-hand and two-way - two-way colonoptosis.

Many researchers regarded nephroptosis as an isolated disease, but a combination of renal ptosis with omission of the stomach, colon, uterus, and other organs to explain the overall weakness of the connective tissue, and in particular the weakness of its fascial plates [1, 3, 5]. We agree with their opinion, but I would like to emphasize the role of mobility in the pathogenesis of colon Nephroptosis. Kidney Mobility limited number of issues, of which the main role is played by the vascular pedicle, renal fascia and abdominal pressure. Kidney Vessels may be extended under the influence of frequent tensions or long her shift. The kidney is surrounded by a sheath of leaflets pre- and behind the kidney fascia, which are spliced on the lateral margin and form tapering downwards socket. Founded fascia cavity is adipose tissue (adipose capsule) and is penetrated by thin connective webs between the sheets of fascia and fibrous capsule of the kidney. The

Table 1

Kidney changes identified in patients with visceroptosis

Infractions	Total n, 387	
	Abs.	%
Right nephroptosis	41	10,6
Bilateral nephroptosis	53	13,6
Left nephroptosis	2	0,5
Chronic pyelonephritis	213	55,0
Kidney Cyst	12	3,1
Oxaluria	59	15,2
Uraturia	15	3,9

Fig. 1. Bilateral nephroptosis

funnel shape of the fascial box, normal tone of fascial sheets and sufficient development of perinephric fat also limit the mobility of the kidney. In our opinion, the normal (mezoperitoneal) location of ascending and descending colon departments also has value as a stabilizing factor in limiting the mobility of the kidney. When intraperitoneal location of these sections of the colon, and they have the mesentery, in our opinion, is released retroperitoneal cellular spaces in the lumbar region to the right or to the left, which leads to a decrease in the tone of fascial sheets and creates favorable conditions for the omission of the kidneys and the development of its mobility. The combination of the omission of the kidneys in 100% of cases with prolapse of the colon indicates the relationship of these processes.

Diagnosis Nephroptosis has its own characteristics. Examination of patients should be carried out polypositional. As a rule, an objective examination of the patients in a horizontal position, the kidney takes a normal anatomic position, and identify its mobility is not possible. In a standing position at palpable nephroptosis lower pole or all of the movable kidney. Determination of mobile kidney difficult when panvistseroptosis when lowered liver covers the internal organs. To confirm the diagnosis necessarily an ultrasound and excretory urography, which allow to identify both the anatomical position of the kidneys, and changes in their functional state. At excretory urography performed in 96 patients (Fig. 1), nephroptosis I degree was detected in 12 (12.5%), grade II - in 54 (56.3%), and grade III - in 30 (31.2%) patients.

Reducing the concentration ability of the kidneys, delayed release of the radiopaque substance was detected in 47 (48.9%), the deformation of the cups and pelvis - in 29 (30.2%) patients with nephroptosis. Changes indicative of inflammation, such as increasing the number of leukocytes, presence of mucus, bacteria urinalysis were reported in 82 (85.4%) of 96 patients with nephroptosis. Ultrasound examination revealed renal parenchyma seal them, and in most cases mobile suffered kidney. Right-sided pyelonephritis was diagnosed in 38 (39.6%), left-handed - in 2 (2.1%), double-sided - in 42 (43.7%) patients with nephroptosis.

Impairment of renal function in patients with chronic colonic stasis, say many researchers. S.N. Navruzov (1988) highlights the renal form of chronic colonic stasis and V.G. Us (1988) highlights the kidney shape visceroptosis [2, 4]. The authors believe the changes in primary colon, and the phenomenon of chronic pyelonephritis explain endogenous intoxication. In our studies, chronic pyelonephritis was diagnosed in 213 (55%) of 387 examined patients, which was confirmed by ultrasonography, and urinalysis. It is noted the dependence of the frequency of detection of chronic pyelonephritis on the degree of chronic colonic stasis. Patients with HTS compensation detected in step 27 (7%) patients with a XTC subcompensation stage in 84 (21.7%) with a XTC decompensation in step 102 (26.3%) cases.

Causes of pyelonephritis, in our opinion, in some cases are due to nephroptosis caused by violations of urine outflow, and the other - chronic endogenous intoxication caused by prolonged delay in intestinal contents, and, moreover, the complex of these factors.

CONCLUSION

High resolution of excretory intravenous urography and ultrasound allows us to consider them major and reliable diagnostic methods of nephroptosis at which we were able to identify the displacement of the kidneys down in 100% of the cases of all patients. A comprehensive, well-grounded approach to the performance of diagnostic tests at colononephroptosis improves the efficiency of the surgical treatment.

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